

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS NOV 17 1960 318 1003 10874 -60-043621
 Registration District No. Primary Registration District No. Registrar's No. STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE
 b. COUNTY
 c. CITY OR TOWN
 d. STREET ADDRESS (If outside, give location)

3. NAME OF DECEASED (Type or print)
 First Middle Last
 4. DATE OF DEATH
 Month Day Year

5. SEX
 6. COLOR OR RACE
 7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
 8. DATE OF BIRTH
 9. AGE (last birthday)
 IF UNDER 1 YEAR
 Months Days Hours Min.

10a. FEMALE OCCUPATION (Give kind of work done during most of working life, even if retired)
 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (City and state or country)
 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME
 13b. MOTHER'S MAIDEN NAME
 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
 16. SOCIAL SECURITY NO.
 17. INFORMANT Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Hemorrhage from Gastro-intestinal tract
 DUE TO (b) Cancer of Colon
 DUE TO (c) 153.8
 INTERVAL BETWEEN ONSET AND DEATH 2 days more than 6 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. Diabetes Mellitus, Atherosclerosis, Arteriosclerosis, Old Heart Disease
 PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
 20a. ACCIDENT SUICIDE HOMICIDE
 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 23, 1957 to Nov 10, 1960 and last saw her alive on Nov 10, 1960
 Death occurred at 8:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
 22b. ADDRESS
 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
 23b. DATE
 23c. NAME OF CEMETERY OR CREMATORY
 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR ADDRESS
 25. DATE RECD. BY LOCAL REG.
 26. REGISTRAR'S SIGNATURE

Albert H. Hoppe Inc., 4700 Washington, Blvd. NOV 10 1960 Earl Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John J. Harris

Licensed Embalmer No. 4108

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.